Instructions For Responding to Divorce, Legal Separation or Nullity

The attached forms can be used to respond to a **dissolution of marriage** [divorce], **legal separation** [which allows the court to divide community property and make orders for custody or support, but does not terminate your marriage], or an **annulment** [nullity] of a marriage that was not valid due to one of several specific grounds.

There is a first time filing fee for filing the enclosed forms, unless you are eligible for a "Fee Waiver" which is available as a separate packet. This packet includes a "Response" [FL-120], "Proof of Service by Mail [FL-335], a "Declaration Under UCCJEA" [FL-105] which need be completed only if you have children with your spouse, a "Declaration of Disclosure" [FL 140], a "Schedule of Assets and Debts" [FL 142] and an "Income and Expense Declaration" [FL 150] along with instructions for completing all the forms. All of these documents need to be completed and a copy mailed to the other party by someone other than yourself who is not related to your marriage and is over the age of 18. Then the person who served the copies for you must complete the "Proof of Service by Mail" [FL-335]. Then you will file the original "Response" [FL-120], "Proof of Service by Mail [FL-335], and "Declaration Under UCCJEA" [FL-105] with the court. You will keep the original **Declaration of Disclosure**" [FL 140], a "Schedule of Assets and Debts" [FL 142] and an "Income and Expense Declaration" [FL 150]. These forms do not get filed with the court. Once these documents are completed and served on the other party you must complete and file a "Declaration Regarding Service of Declaration of **Disclosure** and **Income and Expense Declaration**" [FL 141]. This form is also included in this packet.

You or the other party will need to prepare and file additional documents to actually get court orders or a judgment of divorce, legal separation or nullity. Your marriage is not dissolved until there is a signed "Judgment" from the court.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve an "**Order to Show Cause**" [OSC], a Notice of Motion, or an At Issue Memorandum packet. These additional forms are used to ask the court to make orders and to set a hearing date. Any of these packets can be served on your spouse along with the Response to the divorce documents.

SHP-05 R02-12

SAMPLE FORMS

ATTORNEY OF PARTITION FATTORNEY WAS A COLOR		CO.D. CO.L. CO.L. C.	FL-
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Barnumber, an	d address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO. (Opt	iona():		
E-MAIL ADDRESS (Options): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA of 1100 Van Ness Ave			
Fresno, California 9372			
MARRIAGE OF			
PETITIONER: 3			
RESPONDENT:			
RESPONSE and REQUEST FOR	A	CASE NUMBER:	
Dissolution of Marriage Legal Separation			
Nullity of Marriage	☐ AMENDED		
of this county for at least three months immediately 2. STATISTICAL FACTS	preceding the filing of the Petition for E	issolution of Marriage.	
a. Date of marriage: b. Date of separation:	c. Time from date of marriage to Years: Month		
DECLARATION REGARDING MINOR CHILDREN adopted during the marriage):	(include children of this relationship bor	n prior to or during the marria	ge or
<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	Sex
8 _			Jurisdieti
C. If there are minor children of the Pottioner and I and Enforcement Act (UCCLEA) (form FL-105) id. A completed voluntary declaration of pate to the marriage is attached. SEPARATE PROPERTY Respondent requests that the assets and debts ist below be confirmed as separate property.	must be attached. ` smity regarding minor children born to the	ne Petitioner and Respondent	l prior
C. If there are minor children of the Pottioner and I and Enforcement Act (UCCLEA) (form FL-105) id. A completed voluntary declaration of pate to the marriage is attached. SEPARATE PROPERTY Respondent requests that the assets and debts ist. bloke be confirmed as separate property.	nust be attached. prility regarding minor children born to the death of the death	ne Petitioner and Respondent n FL-160)	prior

How to fill out

RESPONSE (FL-120)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- ▶ Go to the same number below to find out how to fill out the form.
- Type or print in drwg qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, eave it blank.

- Write your name and address. Write your phone, fax, and email address if want to.
- 2 If not done for you, write "Fresno" after COUNTY OF. The address is: 1150 "O" Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse.
- **3** Write the name of the persons in the marriage. YOU are the "respondent" and your spouse (husband or wife) is the "petitioner."
- 4 Check box any of the boxes that apply. "Dissolution of Marriage" means divorce; "Legal Separation" means living apart but not divorced; "Nullity of Marriage" means the marriage should not have happened because of special reasons (see on page two). "Amended" means you want to make changes to a form you already filed with the court.
- **5** This is only for divorce cases. Check Respondent if you have lived in California for at least six months , and in Fresno County for at least three months.
- **6** Write the date you were married, the date you separated (started living apart), and the number of years and months between the time you were married and the time you started living apart.
- Check a. if you and your spouse have no children <u>under age 18</u>. Check b. if you and your spouse <u>have</u> children under 18 (born to you or adopted). List the children's names, their birthdays, age, and if a boy or girl.
- 8 If you need more space to write the children's names, check the box "Continued on Attachment 3b."
- If there are children under 18 from the marriage, you must also fill out the form talked about in c. Check d. if you are attaching a declaration of paternity (who the father is). This is done for children born before the marriage.
- "Separate property" means things bought <u>before</u> the marriage or <u>after</u> the husband and wife separated. Debts (money owed) can also be separate property. Check "below" and list separate property under <u>Item.</u> Write Petitioner or Respondent under <u>Confirm to</u>. If you need more space check "in Attachment 4." Use another piece of paper and write Attachment 4 on it. Or you can use a property declaration to list the property. Check "in Property Declaration and attach form FL-160.

(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)
Date.	•
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF RESPONDENT)
19	>
Date:	
amounts at the "legal" rate, which is currently 10 percent. I declare under penalty of perjury under the laws of the State of	
	quest and submission of financial forms by the requesting party. An Any party required to pay support must pay interest on overdue
10. Child support- If there are minor children born to or adopte	d by the Petitioner and Respondent before or during this marriage,
Continued on Attachment 9j.	
J. Caron (opcony).	
 Respondent's former name be restored to (specify) Other (specify):):
h. Property rights be determined.	
 f. Spousal support payable to (wage assignment will be issued) g. Terminate the court's jurisdiction (ability) to award: 	
e. Attorney fees and costs payable by	
As requested in form: FL-311 FL-312 d. Determination of parentage of any children born to	
c. Child visitation be granted to	
a. Legal custody of children to b. Physical custody of children to	
	nd make injunctive (including restraining) and other orders as follow Petitioner Respondent Joint Ott
(2) bigamous marriage. (Fam. Code, § 220	
c. I nullity of void marriage based on (1) incestuous marriage. (Fam. Code, § 22	
(2) incurable insanity. (Fam. Code, § 2310)	(b).) (3) unsound mind. (Fam. Code, § 2210
b. legal separation of the parties based on (1) irreconcilable differences. (Fam. Code,	(2) prior existing marriage. § 2310(a).) (Fam. Code, § 2210(b).)
(2) incurable insanity. (Fam. Code, § 2310)	(b).) (Fam. Code, § 2210(a).)
a. dissolution of the marriage based on (1) irreconcilable differences. (Fam. Code,	d. Inullity of voidable marriage based on § 2310(a).) (1) respondent's age at time of marriage
8. Respondent requests	
Respondent contends that the parties were never leg Respondent denies the grounds set forth in item 6 of	
6 Department continued that the modes	13
	_
Delow (specify).	
b. All such assets and debts are listed in Prop below (specify):	perty Declaration (form FL-160) in Attachment 5b.
There are no such assets or debts subject to dispo	
5. DECLARATION REGARDING COMMUNITY AND QUASI-CO	DMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN
- M	

RESPONSE (FL-120)

- page two -

DIRECTIONS

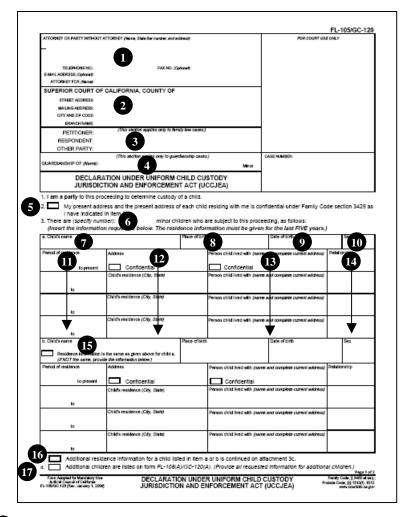
- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the form.
- Type or print in drug qt black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.
- Write the names (last, first) of the parties in the marriage. (*I.e. Smith v. Smith*)
- 12 Check: a. if you and your spouse have no assets (property) or debts (money you owe) check box a.
 - b. if you and your spouse have assets (property) or debts (money you owe) check box b and,

Write assets and debts in the space provided and check "below" OR check "in Attachment 5c" if you need more space (use another piece of paper and write Attachment 5c at the top) OR check "in Property Declaration" and attach an FL-160 listing the property. List all property and debts you and your spouse got together or alone during the marriage. It does not have to be listed as "joint" property.

- Check if you (Respondent) believe that you and your spouse might get back together.
- Check if you say that *item #6 of the petition form* (your spouse's reason why the marriage should end) is not correct.
- Check a. (1) for a divorce. Check b. (1) for a legal separation. Check c. for a Nullity and either (1) or (2) (most check #2).
- Check all boxes for what you want the court to decide, but only one box for each line: "Petitioner" (your spouse), "Respondent" (you), or "Joint" (both share).
 - For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child. You may check any of the boxes attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 9c (use another piece of paper and write Attachment 9c at the top and write out the visitation schedule).
 - If you have other items you want the court to decide, write them on a separate piece of paper. Write Attachment 9j at the top of this page.
- There is nothing to fill out, but you should read carefully.

Ø

Type or print your name on the left, and sign your name on the right (signature of respondent). Also put in the date (see where circled above).



How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY

Jurisdiction and Enforcement Act (FL-105/GC-120)

NOTE: If there are no minor children in your case, you do not need to complete this form.

DIRECTIONS:

- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the blank form.
- Type or print in black or blue ink.
- If you have a CASE NUMBER fill it in. If not known, leave it blank.
- 1 Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
- If not filled in for you, print "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggy, Fresno, CA 93724.
- 3 Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
- 4 Leave this box blank.
- 5 If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items 12 & 13.
- 6 Fill in the number of minor children from this relationship (minor children under age 18).
- 7 For the oldest child, fill in the first and last name.
- 8 Fill in the city and state where this child was born.
- 9 Fill in the child's date of birth (MM/DD/YY).
- If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.

For 11 through 14 give information from now to the past 5 years, working backward:

- The beginning and ending date the child lived at the address (from when to when at that address).
- 12 For the dates you listed, print the city and state where the child lived.
- Name of person(s) (adult) the child lives or lived with and the physical addresses.
- 14 Relationship means how the adult is related to the child. For example, mother or father.
- If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from 7 to 10. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from 11 to 14.
- If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
- If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

⊢		•				CASE MUNICES	t	
Do you have information or custody or visitation p Yes No.	proceeding, I	in California or	elsewhere, o	onceming a	child		eeding?	her court ca
	se number	Court (name, state,		court order r judgment (date)		me of each child	Your connection to the case	Case statu
g Family								
b. Guardianship								
c. Other								
Proceeding		Ca	se Number		П	Court (na	ame, state, locati	lan)
d. Juvenile Delinque Juvenile Depende					╛			
e. 🔲 Adoption					╗			
and provide the fo		mašonį:		ers are now I	n eff	ect. (Attach a copy o	of the orders if yo	u have one
Court		County	State	Case	nun	nber (if known)	Orders exp	pire (date)
Criminal	_							
b. Family Juvenile Delinque	ency/							
Juvenile Depende	ency							
d. Other			Praeding	who has no	nysic	al custody or claims	to have custody	of or
6. Do you know of any per	rson who is n	oot a party to case?	42 🗀 1	No (if yes,)	provi	ide the following info	rmason).	
	,		and address	1-2-4	provi		d address of pers	son
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DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- Find the number on the sample form. *Example:* 18
- Go to the same number below to find out how to fill out the form.
- Type or print in drug qt black ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.
- If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
 - If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
 - If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step 24.
 - If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

CASE NAME:				CASE HOWSEN	
DECLARATION	UNDER UNIFORM CHILD		HIMENT TO JURISDICTION AND	ENFORCEMENT AC	T (UCCJEA)
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How to fill out the attachment to DECLARATION UNDER UNIFORM CHILD CUSTODY

Jurisdiction and Enforcement Act (FL-105(A)/GC-120(A)

NOTE: Use this form only if you have more than two minor children in your case.

DIRECTIONS:

- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

	PARTY WITHOUT A PRINEY (Name and .	Address): TELEPHONE N	IO:
-	a	TEELT TOTAL T	
	•		
ATTORNEY FOR	(Name):		
	COURT OF CALIFORNIA, C	OUNTY OF	
STREET ADDR MAILING ADDR			
CITY AND ZIP C			
BRANCH N PETITIC			
FEITING	3		
RESPONE	DENT:		
_	DECLARATIO	N OF DISCLOSURE	CASE NUMBER:
	Petitioner's	Preliminary	
U	Respondent's	Final	
		DO NOT FILE WITH THE COURT	5
Both the pre	liminary and the final declar	ation of disclosure must be served on the	other party with certain exceptions. Neither
	•		leclaration of disclosure must be filed with the
court (see fo.	rm FL-141).	-	
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How to fill out

DECLARATION OF DISCLOSURE (FL-140)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in dnwg qt black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggy, Fresno CA 93724-0002. The Branch Name is: DCHOULIMEqwtyj qwug.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- This form is part of the Preliminary Declaration of Disclosure (PDD) Packet. The PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served (delivered) on the other party. *The Preliminary Declaration of Disclosure does not get filed with the court.*
- Read this section carefully. Check boxes 1 and 2.
 - Check box 3 and attach another page that lists assets (property, belongings, debts, etc.) owned by yo u and your spouse. Include the value of the assets (how much it's worth).
 - Check box 4 if you are attaching another page that describes any assets for which you and your spouse are responsible. Include the value.
 - If any investment opportunities were made to you since you and your spouse separated, check box 5 and attach another page and describe the opportunities. (*Example: If you have bought or sold a home or business, invested income or sold items from investments.*)
- Date the form. Type or print your name on the left, and sign on the right.

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	SCHEDULE OF ASSETS AN	ID DERTS	_		CASENUMBER	
	Petitioner's Res		4)		
		— INSTRUC	TIONS	_		
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How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in drwg qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number.
- 2 Write "Fresno" after Superior Court of California, County of.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent.
- Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - Current gross fair market value: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6 List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

ITEM NO. ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MON OWED OR ENCUMBRANCE
4. VEHICLES, BOATS, TRAILERS (Describe and attach copy title document.)	y of		\$	\$
9				
SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)				
CHECKING ACCOUNTS (Account name and number, ban and branch. Attach copy of latest statement.)	ok,			
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Accoun name and number, bank, and branch. Attach copy of latest statement.) 12				
8. CASH (Give location.)				
9. TAX REFUND				
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				
15				

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

DIRECTIONS

- Find the number on the sample form. *Example:* 12
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in dnwg qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of <u>latest</u> statements for each account.
- Provide the same information as above for Checking Accounts.
- Provide the same information as above for Credit Union or similar accounts.
- If you have stored cash somewhere, write the location in the space provided.
- If you received a tax refund this year, provide that information. Otherwise leave blank.
- Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

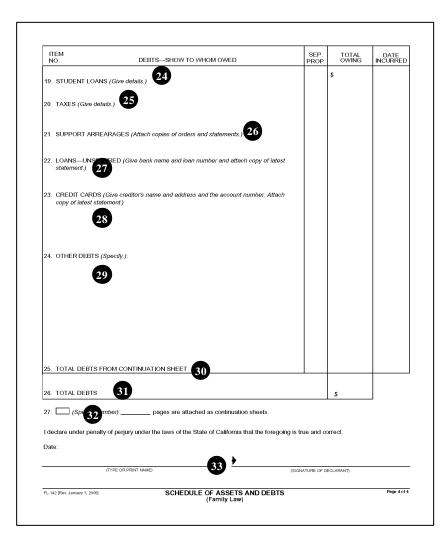
ITEM NO.	ASSETS DESCRIPTION	SEP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MOI OWED OR ENCUMBRANC
11. STOCKS, E	NONDS, SECURED NOTES, MUTUAL FUNDS cate number and attach copy of the certificate or st statement.)			\$	\$
	NT AND PENSIONS (Attach copy of latest an documents and latest benefit statement.)				
	HARING, ANNUITIES, IRAS, DEFERRED ATION (Attach copy of latest statement.)				
	S RECEIVABLE AND UNSECURED tach copy of each.)				
	BHIPS AND OTHER BUSINESS INTERESTS y of most current K-1 form and Schedule C.)				
16. OTHER AS	SETS				
	SETS FROM CONTINUATION SHEET 22			\$	\$
18. TOTAL AS:	23				

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

- Find the number on the sample form. *Example:* 16
- Go to the same number below to find out how to fill out the form
- ▶ Type or print in drwg qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation wages that are not taken now, but is paid later
- If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.



SCHEDULE OF ASSETS AND DEBTS (FL-142)

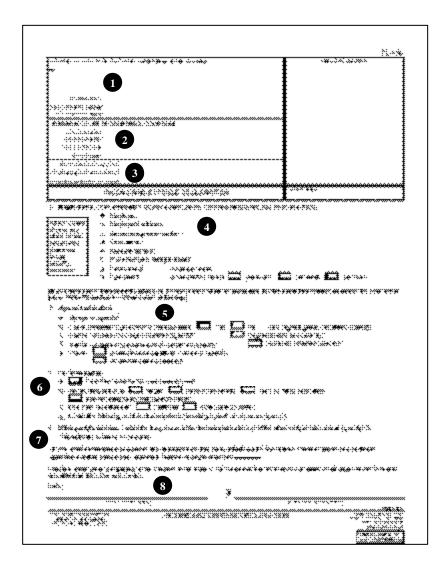
- page four -

DIRECTIONS

- Find the number on the sample form. *Example:* 25
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in drwg qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- 31 Add up your total debts (19-25) and fill in the amount.
- If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.



How to fill out

INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Print your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggy, Fres no CA 93724-4423. The Branch Name is: DOHOULIME qwty qwug.
- Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against another person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
 - Fill in the date you started this job (e). If you are unemployed, write the date your job ended (f), how many hours you work(ed) every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
 - Be sure to include copies of your pay stubs for the last two months. Use a dark marker to cross out your social security number.
- Fill in your age (a) and check the "Yes" box if you finished high school (b). If you check No, fill in the last grade you finished. Fill out (c). or (d) if you have taken college classes. Fill out (e) if this applies to you.
- Check box (a) and fill in the year of your last tax return. For (b), check the box that applies to you. For (c), check California OR check "Other" if you last filed taxes in another state, and write the state's name. For (d), write the number of "exemptions" you claim when filing your taxes.
- The Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8 Fill in the date, type or print your name on the left, and sign on the right.

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### INCOME AND EXPENSE DECLARATION (FL-150)

- page two -

#### **DIRECTIONS:**

- Find a number on the sample form *Example:* 9
- Go to the same number below to find out how to fill out the form
- Type or print in drwg qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it bl ank.

Print out first and last names for you and the other person(s) in this case.

Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.

- Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- Fill out this section only if you are self -employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.
- Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."
  - Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill o ut (f), you must write an explanation on a separate page labeled "Question 10f."
- List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

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#### INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

#### **DIRECTIONS:**

- Find a number on the sample form *Example:* 16
- Go to the same number below to find out how to fill out the form
- Type or print in drwg qt black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 16 Print out first and last names for you and the other person(s) in this case.
- Give information about all persons who live with you.
  - Write their names, ages, and how they are related to you (parent, child, other relative, friend).
  - Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.
- For **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.
  - For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill our (4) and (5) if it applies to you.
  - Fill in amounts for b. through q. as they apply to you.
  - For j. and q., describe the expense.
  - Add lines a. through q., but don't add in mortgage principal and interest from line (a) (2).
  - Put this amount in the total expenses box, line r.
  - Line s. is monthly expenses for the household NOT paid by you.
- List all installment payments and debts you may have. This could include car payments, credit card payments, etc.
  - First column: fill in the name of the creditor (who gets the payment?).
  - Second column: describe what the payment is for. Third column: amount of last payment to the creditor
  - Fourth column: amount still owed. Last column: date last payment was made.
- If you are represented by an attorney or you have paid money to an attorney, complete this section. If you have not paid any money to an attorney in this case, leave this section blank.
- 21 Do not fill out this section. Skip to next page....

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#### INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

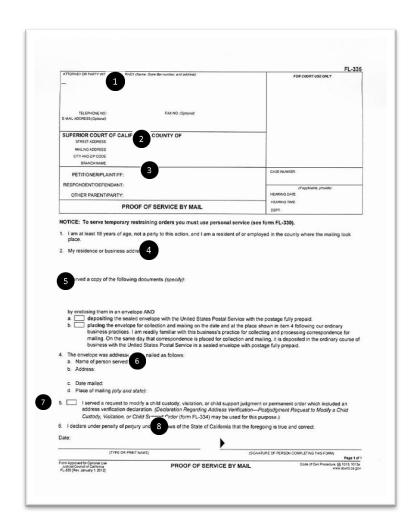
#### **DIRECTIONS:**

- Find a number on the sample form *Example:*
- Go to the same number below to find out how to fill out the form
- Type or print in drwg qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

22 Print out first and last names for you and the other person(s) in this case.

Fill out the rest of this page only if your case involves child support.

- 23 Fill in the number of children you have with the other parent that are under age 18.
  - Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
  - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provide d. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.
- Fill in monthly amounts that apply to your case. Describe educational or special needs.
- List any "special hardships" (things that make daily living hard).
  - For a. through c., fill in monthly amounts that apply.
  - In the second column, fill in the number of months the situation has lasted
  - If you have children under age 18 from other relationships, list their names a nd ages in the space provided.
  - If you get child support for these children, fill in that amount.
  - If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.
- 27 In the space provided you may write other info rmation you want the court to know about your case.



#### How to fill out

### PROOF OF SERVICE BY MAIL

(Family Law) FL-335

#### **DIRECTIONS:**

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink

*NOTE:* the person serving the papers will use this form if they mailed the papers.

- 1 Write your name, address and telephone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724. The Branch Name is: D0HOSisk Courthouse.
- Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- 4 The person who serves the papers for you will write their name and address here.
- Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- The person who mailed the papers will date, print and sign their names.

#### FL-335-INFO

#### INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Passonal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. You cannot serve documents if you are a party to the action.

#### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the

documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box.

Second box, fert side: Print the name of the county is which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are sorving. Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving. First box, top of form, right side: Leave this box blank for the court's use. Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents

#### You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you clither live in or are employed in the county where the mailing took place.

  2. Print your home or business address not and that you are not a party to this action. You are also stating that you clither live in or are employed in the county where the mailing took place.

  3. List the name of excoment that you mailed (the exact names are listed on the bottoms of the forms).

  a. Check this box if you put the documents in the regular U.S. mail.

  b. Check this box if you put the documents in the mail at your place of employment.

  4. a. Print the name you put on the envelope containing the documents.

  b. Print the dade that you put the envelope containing the documents.

  c. Print the dade that you put the envelope containing the documents.

  c. Print the dade that you put were in when you mailed the envelope containing the documents.

  5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).

  6. You are stating under penalty of perjury that the information you have provided is true and correct.

  Print your name, fill in the deta, and sign the form.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Code of Civil Procedure, 55 1013 20134

Code of Civil Procedure, 55 1013 20134

Code of Civil Procedure, 55 1013 20134

PROOF OF SERVICE **BY MAIL** (Family Law) FL-335-INFO

There is nothing to fill out on this page, but you should read these instructions.

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#### How to fill out

# DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

#### **DIRECTIONS**

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink

- Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724. The Branch Name is: Sisk Courthouse.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- **5** Check the box that identifies you as the Petitioner or Respondent in the case.
- 6 and 7 (Complete #6 and #7 the same way. One refers to preliminary disclosure, the other to final disclosure).
- Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
- If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
- Fill in the date the forms were served to the other party.
- If this is a default judgment and you do not have a written agreement with the other party, check the boxes #4 "Service of"; "Respondent's"; "preliminary"; "final"; "current income and expense" and "c".
  - If you have a written agreement with the other party check the appropriate boxes in #4 and box "a".
- Date the form. Type or print your name on the left. Sign your name on the right.

# BLANK FORMS

(To be completed)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and ac	ddress):	FOR COURT USE ONL	Y
_			
TELEPHONE NO.: FAX NO. (Option  E-MAIL ADDRESS (Optional):	al):		
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA • C	COUNTY OF FRESNO		
Fresno, California 93724-	2201		
MARRIAGE OF			
PETITIONER:			
RESPONDENT:			
RESPONSE and REQUEST FOR		CASE NUMBER:	
Dissolution of Marriage			
Legal Separation			
Nullity of Marriage	L AMENDED		
1. RESIDENCE (Dissolution only) Petitioner	Respondent has been a resi	dent of this state for at least s	six months and
of this county for at least three months immediately pr	receding the filing of the Petition for	Dissolution of Marriage.	
2. STATISTICAL FACTS			
a. Date of marriage:	c. Time from date of marriage	to date of separation (specify)	) <i>:</i>
b. Date of separation:	Years: Mon	ths:	
3. DECLARATION REGARDING MINOR CHILDREN (in	clude children of this relationship bo	orn prior to or during the marri	iage or
adopted during the marriage):			
a There are no minor children. b The minor children are:			
Child's name	<u>Birthdate</u>	Age	Sex
<ul><li>Continued on Attachment 3b.</li><li>c. If there are minor children of the Petitioner and Re</li></ul>	spondent a completed Declaration	Under Uniform Child Custody	Jurisdiction
and Enforcement Act (UCCJEA) (form FL-105) mu		onder onmenn onme odelody	Carroaretrerr
<ul> <li>d. A completed voluntary declaration of paterr to the marriage is attached.</li> </ul>	ity regarding minor children born to	the Petitioner and Responder	nt prior
4. SEPARATE PROPERTY			
Respondent requests that the assets and debts listed	in Property Declaration (fo	rm FL-160) L in Attach	ment 4
below be confirmed as separate property.  Item	Confi	rm to	

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

MARRIAGE OF (last name, first name of parties):	CASE NUMBER:
_	
5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS	S AND DERTS AS CHIPDENTLY KNOWN
a. There are no such assets or debts subject to disposition by the court in b. All such assets and debts are listed in <i>Property Declaration</i> (for below (specify):	this proceeding.
6. Respondent contends that the parties were never legally married. 7. Respondent denies the grounds set forth in item 6 of the petition. 8. Respondent requests	
a. dissolution of the marriage based on  (1) irreconcilable differences. (Fam. Code, § 2310(a).)  (2) incurable insanity. (Fam. Code, § 2310(b).)  b. legal separation of the parties based on  (1) irreconcilable differences. (Fam. Code, § 2310(a).)  (2) incurable insanity. (Fam. Code, § 2310(b).)  c. incurable insanity. (Fam. Code, § 2310(b).)  c. incurable insanity. (Fam. Code, § 2200.)	nullity of voidable marriage based on  (1) respondent's age at time of marriage.  (Fam. Code, § 2210(a).)  (2) prior existing marriage.  (Fam. Code, § 2210(b).)  (3) unsound mind. (Fam. Code, § 2210(c).)  (4) fraud. (Fam. Code, § 2210(d).)  (5) force. (Fam. Code, § 2210(e).)  (6) physical incapacity. (Fam. Code, § 2210(f)
9. Respondent requests that the court grant the above relief and make injunctive (i  a. Legal custody of children to  b. Physical custody of children to  c. Child visitation be granted to  As requested in form: FL-311 FL-312 FL-341(C)  d. Determination of parentage of any children born to the Petitioner and R  e. Attorney fees and costs payable by  f. Spousal support payable to (wage assignment will be issued)  g. Terminate the court's jurisdiction (ability) to award spousal support to Pi  h. Property rights be determined.  i. Respondent's former name be restored to (specify):  j. Other (specify):	Petitioner Respondent Joint Other  FL-341(D) FL-341(E) Attachment 9c.  Respondent prior to the marriage.
Continued on Attachment 9j.  10. <b>Child support</b> – If there are minor children born to or adopted by the Petitioner ar court will make orders for the support of the children upon request and submissio earnings assignment may be issued without further notice. Any party required to amounts at the "legal" rate, which is currently 10 percent.  I declare under penalty of perjury under the laws of the State of California that the for Date:	on of financial forms by the requesting party. An pay support must pay interest on overdue
<u> </u>	
(TYPE OR PRINT NAME)  Date:	(SIGNATURE OF RESPONDENT)
<b>.</b>	
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)
· · · · · · · · · · · · · · · · · · ·	·
The original response must be filed in the court with proof of servi	ice of a conv on Petitioner

FL-120 [Rev. January 1, 2005]

TTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY		
_					
TELEPHONE NO.:	FAX NO. (Op	otional):			
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF	CALIFORNIA, COUNTY OF				
STREET ADDRESS:					
MAILING ADDRESS: CITY AND ZIP CODE:					
BRANCH NAME:					
PETITIONER:	(This section applies only to fam	ily law cases)			
RESPONDENT:					
OTHER PARTY:					
	(This section apples only to guar	dianship cases	)	CASE NUMBER:	
GUARDIANSHIP OF (Name):			Minor		
DE01 4D4	TION UNDER UNITORIA		27021/		
	TION UNDER UNIFORM ( TION AND ENFORCEMEN				
1 I am a narty to this prod	ceeding to determine custody	of a child	,		
	ess and the present address o		residing with me is co	infidential under Family Cod	de section 3/120 as
I have indicated i	•	i eacii cilliu	residing with the is co	indential under Family Co.	de section 5429 as
3. There are (specify number	ber): minor chi	ldren who a	re subject to this proce	eeding, as follows:	
(Insert the information	n requested below. The resid	lence infor	mation must be give	n for the last FIVE years.)	
a. Child's name		Place of birth		Date of birth	Sex
Period of residence	Address		Person child lived with (nam	ne and complete current address)	Rela ionship
to present	Confidential		Confidential		
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
to					
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
to					
	Child's residence (City, State)		Person child lived with (nam	ne and complete current address)	
to					
b. Child's name		Place of birth		Date of birth	Sex
Residence information is (If NOT the same, provide	the same as given above for child a.  e the information below)				
Period of residence	Address		Person child lived with (nan	ne and complete current address)	Relationship
to present	Confidential		Confidential		
	Child's residence (City, State)		Person child lived with (nan	ne and complete current address)	
_					
to	Child's regidence (City, State)		Decree della Periode Market		
	Child's residence (City, State)		Person child lived with <i>(nan</i>	ne and complete current address)	
to					
-	Child's residence (City, State)		Person child lived with (nan	ne and complete current address)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
to					
c. Additional reside	ence information for a child list	ed in item a	or b is continued on a	attachment 3c.	
d. Additional childre	en are listed on form <i>FL-105</i> (A	A)/GC-120(A	A). (Provide all request	ed information for additiona	
	<u> </u>	•	-		Page 1 of 2

										FL	105/GC-120
SHORT TITLE:									CASE NUMBER	₹:	
Do you have inform or custody or visite     Yes	ation procee	eding, in Ca	alifornia or	elsewhere	, cor	ncerning a	child	l subjec	t to this proc		her court case
Proceeding	Case nun	nber (na	Court ame, state,		or j	urt order judgment <i>(date)</i>	Na	ame of	each child	Your connection to the case	Case status
a. Family											
b. Guardianship											
c. Other											
Proceeding			Ca	se Numbe	r				Court (na	ame, state, locati	on)
d. Juvenile Deli Juvenile Dep											
e. Adoption											
5. One or more and provide				otective o	rder	s are now i	n eff	fect. (A	ttach a copy o	of the orders if yo	u have one
Court		Co	unty	State		Case	e nur	mber <i>(if</i>	known)	Orders exp	oire (date)
a. Criminal											
b. Family											
c. Juvenile Del Juvenile De											
d. Other											
Do you know of ar visitation rights wit	•			is proceed 'es	ling v				ody or claims following info		of or
a. Name and address	s of person		b. Name	and addro	ess (	of person			c. Name an	d address of pers	on
Has physical custody Claims custody rights Claims visitation rights  Has physical custody Claims custody rights Claims visitation rights			Has physical custody Claims custody rights Claims visitation rights								
Name of each child			Name of each child				Name of ea				
I declare under penalty Date:	y of perjury	under the	laws of the	State of C	alifo	ornia that th	ne foi	regoing	is true and c	correct.	
	TYPE OR PRIN	NT NAME)			_	<u> </u>			(SIGNATURE	OF DECLARANT)	
7. Number of p			_							•	

proceeding in a California court or any other court concerning a child subject to this proceeding.

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody

FL-105(A)/GC-120(A)	

CASE NAME:				CASE NUMBER:		
DECLARATION U	NDER UNIFORM CHILD C		MENT TO JURISDICTION AND	ENFORCEMENT AC	T (UC	CJEA)
—— Child's name		Place of birth		Date of birth		Sex
Residence information is	the same as given on form a. (If NOT the same, provide the					
Period of residence	Present address		Person child lived with (name a	and complete current address)	Rela io	onship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	nd complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	nd complete current address)		
to	Child's residence (City, State)		Person child lived with <i>(name a</i>	nd complete current address)		
to	Clinius residence (City, State)		reison ciliu liveu with (hame a	na complete current address)		
Child's name		Place of birth		Date of birth		Sex
Residence information is	the same as given on form a. (If NOT the same, provide the					
Period of residence	Address	•	Person child lived with (name a	and complete current address)	Relatio	nship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived wi h (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to		Place of birth		Date of birth		Sex
	the same as given on form a. (If NOT the same, provide the	Place of biltin		Date of birth		Sex
Period of residence	Address		Person child lived with (name a	and complete current address)	Rela io	nship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						

Page

	FL-105(A)/GC-120(A)	
R:		

CASE NAME:				CASE NUMBER:		,
_						
DECLARATION U	INDER UNIFORM CHILD C		MENT TO JURISDICTION AND	ENFORCEMENT AC	T (UC	CJEA)
—— Child's name		Place of birth		Date of birth		Sex
Residence information is	the same as given on form a. (If NOT the same, provide the					
Period of residence	Present address		Person child lived with (name a	and complete current address)	Rela ic	onship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	nd complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	nd complete current address)		
to						
	Child's residence (City, State)		Person child lived with <i>(name a</i>	nd complete current address)		
to						
Child's name		Place of birth		Date of birth		Sex
	the same as given on form a. (If NOT the same, provide the					
Period of residence	Address		Person child lived with (name a	and complete current address)	Relatio	onship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived wi h (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
Child's name		Place of birth		Date of birth		Sex
Residence information is	the same as given on form a. (If NOT the same, provide the					
Period of residence	Address		Person child lived with (name a	and complete current address)	Rela io	nship
to present	Confidential		Confidential			
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		
to						
	Child's residence (City, State)		Person child lived with (name a	and complete current address)		

Page

to

(TYPE OR PRINT NAME)

SH-FL

(SIGNATURE)

#### THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-1	42
------	----

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:				
_						
ATTORNEY FOR (Name):						
	SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1130 "O" Street - Fresno, California 93724-2201					
PETITIONER:						
RESPONDENT:						
	SCHEDULE OF ASSETS AND DEBTS  Petitioner's Respondent's	CASE NUMBER:				

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	STATE (Give street addresses and attach copies of th legal descriptions and latest lender's statement.)			49	\$
2. HOUSEH (Identify.)	IOLD FURNITURE, FURNISHINGS, APPLIANCES				
3. JEWELR (Identify.,	RY, ANTIQUES, ART, COIN COLLECTIONS, etc.				

ITE	ENA	SEP.	DATE	CURRENT GROSS FAIR MARKET	AMOUNT OF MONEY OWED OR
NC		PROP	ACQUIRED		ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$
5.	SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)				
6.	CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
8.	CASH (Give location.)				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				

NO. ASSETS DESCRIPTION PROP ACQUIRED VALUE ENCUMBRANC  11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)  12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)  13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)  14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)  15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)	ITE		SEP.	DATE	CURRENT GROSS FAIR MARKET	OWED OR
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)  12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)  13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)  14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)  15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS	NC	. ASSETS DESCRIPTION	PROP	ACQUIRED	VALUE	ENCUMBRANCE
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)  14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)  15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS	11.	(Give certificate number and attach copy of the certificate or			\$	\$
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)  15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS	12.					
NOTES (Attach copy of each.)  15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS	13.					
	1					
16. OTHER ASSETS	16.	OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET  \$ \$					\$	\$

ITEM NO. DEBTS—SHOW TO WHOM OWED		SEP. PROP.	TOTAL OWING	DATE INCURRED		
19.	STUDE	ENT LOANS (Give details.)		\$		
20.	TAXES	Give details.)				
21.	SUPPO	DRT ARREARAGES (Attach copies of orders and statements.)				
22.	LOANS stateme	S—UNSECURED (Give bank name and loan number and attach copy of latest ent.)				
23.		T CARDS (Give creditor's name and address and the account number. Attach flatest statement.)				
24.	OTHER	R DEBTS (Specify.):				
25.	TOTAL	DEBTS FROM CONTINUATION SHEET				
26.	TOTAL	DEBTS		\$		
27.	27. Specify number): pages are attached as continuation sheets.					
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date:						
	(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)					

ATTORNEY OR PARTY WITHOUT ATTOR	NEY (Name, State Bar number, and address):	FOR COURT USE ONLY		
_				
TELEPHONE NO.:				
E-MA L ADDRESS (Optional):				
ATTORNEY FOR (Name):				
	ALIFORNIA, COUNTY OF FRESNO			
	"O" Street			
MAILING ADDRESS:  CITY AND Z P CODE: Fresn	io, CA 93724-2201			
	Sisk Courthouse			
PETITIONER/PLAINTIFF:				
RESPONDENT/DEFENDANT:				
OTHER PARENT/CLAIMANT:				
	E AND EXPENSE DECLARATION	CASE NUMBER:		
IIACOME	AND EXPENSE DECEARATION			
1. Employment (Give inform	nation on your current job or, if you're unemployed, your mos	st recent job.)		
a. Employ	yer:			
Attach copies b. Employ of your pay	yer's address:			
stubs for last c. Employ	yer's phone number:			
two months d. Occupa	ation:			
	ob started:			
social f. If unen	nployed, date job ended:			
numbers). g. I work	about hours per week	<u></u>		
h. I get pa	aid \$ gross (before taxes) per month	per week per hour.		
(If you have more than one jo jobs. Write "Question 1—Ot	ob, attach an 8½-by-11-inch sheet of paper and list the s her Jobs" at the top.)	same information as above for your other		
2. Age and education				
a. My age is (specify):				
b. I have completed high	school or the equivalent: Yes No If no, h	nighest grade completed (specify):		
<ul> <li>c. Number of years of col</li> </ul>	llege completed (specify): Degree(s) obt	ained (specify):		
d. Number of years of gra	(s) obtained (specify):			
e. I have: profess				
vocatio	onal training (specify):			
3. Tax information				
	for tax year (specify year):			
b. My tax filing status is	iling separately			
	intly with (specify name):	and otherwise,		
	California other (specify state):			
d. I claim the following number of exemptions (including myself) on my taxes (specify):				
This estimate is based on (	estimate the gross monthly income (before taxes) of the othe (explain):	er party in this case at (specify): \$		
	answer any questions on this form, attach an 8½-by-11-i ur answer.) Number of pages attached:	inch sheet of paper and write the		
I declare under penalty of perjuany attachments is true and co	ury under the laws of the State of California that the informatorrect.	tion contained on all pages of this form and		
Date:	<b>\</b>			
	<u>P</u>	(CONTURE OF REAL STATE)		
(TYPE OR PF	RINI NAME)	(SIGNATURE OF DECLARANT)		

FL-150 CASE NUMBER: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.) Income (For average monthly, add up all the income you received in each category in the last 12 months Average and divide the total by 12.) Last month monthly d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving ......\$_ from this marriage from a different marriage ......s from this domestic partnership from a different domestic partnership \$___ Partner support L f. Disability: Social security (not SSI) State disability (SDI) Private insurance . \$_ Workers' compensation ..... Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.) a. Dividends/interest.....\$_ b. Rental property income ......\$_ Trust income. \$___ I am the ____ owner/sole proprietor _ business partner other (specify): Number of years in this business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses. 8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): 9. Change in income. My financial situation has changed significantly over the last 12 months because (specify): 10. Deductions Last month Medical, hospital, dental, and other health insurance premiums (total monthly amount)...... d. Child support that I pay for children from other relationships......\$ Partner support that I pay by court order from a different domestic partnership ...... \$ g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . . \$ -11. Assets

c. All other property, L

___ real and _

personal (estimate fair market value minus the debts you owe).... \$

	PETITIONER/PLAINTIFF: SPONDENT/DEFENDANT: HER PARENT/CLAIMANT:				CASE NUMBER:		FL-15
12.	The following people live with me:						
	Name	Age	How the person is related to me? (ex: so		erson's gross y income	Pays son househol	ne of the d expenses?
	a. b. c. d. e.					Ye Ye Ye	s No No No No
3.	Average monthly expenses	Estima	ted expenses	tual expe	nses D Prop	osed need	ls
	If mortgage:  (a) average principal: \$ (b) average interest: \$  (2) Real property taxes	ance \$ ance \$ ance \$ ance \$ ance \$ \$ \$ \$ \$ \$	i. Cloth j. Educe k. Enter l. Auto (insur m. Insuratinclud n. Savin o. Chari p. Montl (itemi q. Other	es	gifts, and vacation and transportation, repairs, bus, etc. accident, etc.; do ome, or health insivestments	not urance)	\$ \$ \$ \$ \$ \$
4.	Installment payments and debts not Paid to	For		\	Dalanas	Data	of last paymen
	i aiu iU	FUI		Amount B	Balance \$	Date	or last paymen
		1		β 	\$		
				<del></del> Б	\$		
				\$	\$		
				\$	\$		
				\$	\$		
	Attorney fees (This is required if either a. To date, I have paid my attorney this b. The source of this money was (spec. I still owe the following fees and cond. My attorney's hourly rate is (specify	is amount for cify): sts to my atto	fees and costs (specify)				

I confirm this fee arrangement.

(TYPE OR PR NT NAM	ME OF ATTORNEY)	

•	(SIGNATURE OF ATTORNEY)

Date:

			FL-150
F	PETITIONER/PLAINTIFF:	CASE NUMBER:	
_RESF	PONDENT/DEFENDANT:		
OTH	ER PARENT/CLAIMANT:		
	CHILD SUPPORT INFORMATION	N	
	(NOTE: Fill out this page only if your case involve		
16. <b>N</b>	umber of children		
	I have (specify number): children under the age of 18 with the other particle. The children spend percent of their time with me and percentage or it has not been agreed on, please defined by the children under the age of 18 with the other particle.	cent of their time with th	
a. b.	hildren's health-care expenses  I do I do not have health insurance available to me for the Name of insurance company:  Address of insurance company:	ne children through my	job.
d.	The monthly cost for the <b>children's</b> health insurance is or would be (specify (Do not include the amount your employer pays.)	<i>y):</i> \$	
18. <b>A</b>	dditional expenses for the children in this case	Amount per month	
a.	Child care so I can work or get job training	\$	
b.	Children's health care not covered by insurance	\$	
C.	Travel expenses for visitation	\$	
d.	Children's educational or other special needs (specify below):	\$	
(a a.	pecial hardships. I ask the court to consider the following special financial cirettach documentation of any item listed here, including court orders):  Extraordinary health expenses not included in 18b	Amount per month  \$  \$	For how many months?
TI	(3) Child support I receive for those children		

20. Other information I want the court to know concerning support in my case (specify):

	FL-333		
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY		
<del>-</del>			
TELEPHONE NO.: FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND Z P CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:	CASE NUMBER:		
RESPONDENT/DEFENDANT:			
NEST STREET ENDARY.	(If applicable, provide):		
OTHER PARENT/PARTY:	HEARING DATE:		
PROOF OF SERVICE BY MAIL	HEARING TIME:		
TROOF OF SERVICE BY MAIL	DEPT.:		
NOTICE: To serve temporary restraining orders you must use personal service (see for	orm FL-330).		
<ol> <li>I am at least 18 years of age, not a party to this action, and I am a resident of or employe place.</li> </ol>	d in the county where the mailing took		
2. My residence or business address is:			
3. I served a copy of the following documents (specify):			
by enclosing them in an envelope AND			
a. depositing the sealed envelope with the United States Postal Service with the	postage fully prepaid.		
b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary			
business practices. I am readily familiar with this business's practice for collecting	ng and processing correspondence for		
mailing. On the same day that correspondence is placed for collection and maili	ng, it is deposited in the ordinary course of		
business with the United States Postal Service in a sealed envelope with postag	ge fully prepaid.		
4. The envelope was addressed and mailed as follows:			
a. Name of person served:			
b. Address:			
c. Date mailed:			
d. Place of mailing (city and state):			
5. I served a request to modify a child custody, visitation, or child support judgment of			
address verification declaration. (Declaration Regarding Address Verification—Pos			
Custody, Visitation, or Child Support Order (form FL-334) may be used for this pur	pose.)		
6. I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct.		
Date:			
(TYPE OR PRINT NAME)	DE DE DEDOMI COMPLETING THIS FORM		
(TYPE OR PRINT NAME) (SIGNATU	RE OF PERSON COMPLET NG THIS FORM)  Page 1 of 1		

#### INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.** 

#### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

**First box**, **left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side**: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
- 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

	FL-141
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEDHONE NO . EAVING (Optional)	
TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:  CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
DECLARATION REGARDING SERVICE OF DI	ECLARATION CASE NUMBER:
OF DISCLOSURE AND INCOME AND EXPENSE	
Petitioner's Prelii Respondent's Final	minary
The spondent's	
on (date):  4. Service of petitioner's respondent's current income and expense declaration has been a. The parties agreed to waive final declaration waiver was filed on (date):  b. The party has failed to comply with disclosure of receipt under Family Code section 2107 or	Disclosure (form FL-140) and current Income and Expense by for the other party secify):  preliminary final declaration of disclosure in waived as follows: of disclosure requirements under Family Code section 2105(d). The
* "Current" is defined as completed within the past three month	s providing no facts have changed. (Cal. Rules of Court, rule 5.128.)
I declare under penalty of perjury under the laws of the State of	
i decide under penalty of perjury under the laws of the State of	Camorna that the foregoing is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE)
<u> </u>	
	document with the court.
Do not file a copy of the <i>Prelimin</i>	ary or Final Declaration of Disclosure or any
attachments to either declara	ation of disclosure with this document.

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